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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL OMB Number: 3235-0076 July 31, 2008 Expires: Estimated average burden hours per response ...

SEC USE ONLY									
Prefix		Serial							
DATE	RECEI	/ED							
1									

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Turn Inc. Series C Preferred Stock Financing and Issuance of a Warrant to purchase Series B	Preferred Stock
	JULOE SeCJOn
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	8LD 1 1 0005
Enter the information requested about the issuer	ARL 1 1 1000
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	vvashington, DC
Turn Inc.	444
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1600 Seaport Blvd., Suite 300, Redwood City, CA 94063	(650) 353-4399
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
	I MANTE PRINT (BITT PRINT (BURLETINA INCIDENCE LA CARL
Brief Description of Business	
Online advertising	A KARANI ARTIRI FANIR RATAR ANTO PERENTANDA PANDA HARA PARA
Type of Business Organization	08059892
	r (please
business trust limited partnership, to be formed	,,
Month Year	
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
•	r other foreign jurisdiction) D E
On the danada, the local	
GENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BAS	IC IDENTIFICA	TION DATA							
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>										
Check Box(es) that Apply: Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner										
Full Name (Last name first, if individu Barnett, James J.	ual)									
Business or Residence Address (Numb	· •		063							
	omoter Benefic		Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individu Demas, William	nal)									
Business or Residence Address (Number of Turn Inc., 1600 Seapor		-	063							
	omoter Benefic		Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individu Crowe, Jeffrey	ıal)									
Business or Residence Address (Number of Norwest Venture Partners)			alo Alto, CA 94301							
			Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if individu Moragne, John	ıal)									
Business or Residence Address (Numl c/o Trident Capital Fund,	•	•	Ito, CA 94301							
	omoter 🛭 Benefic		Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual Focus Ventures III, L.P. a			••••							
Business or Residence Address (Number 525 University Avenue, Pa	ber and Street, City, State	e, Zip Code)			· · · <del>-</del>					
	omoter Benefic	ial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual Shasta Ventures, L.P.	ual)				<u> </u>					
Business or Residence Address (Number 2440 Sand Hill Road, Suite			· •••							
	romoter Benefic		Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual Norwest Venture Partners	•	entity								
Business or Residence Address (Number 525 University Avenue, Su	ber and Street, City, State	e, Zip Code)								

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTI	FICATION DATA								
2. Enter the information requ	uested for the follo	wing:									
		er has been organized with									
<ul> <li>Each beneficial own securities of the issue</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity										
		corporate issuers and of cor	porate general and manag	ing partners of par	rtnership issuers; and						
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>											
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner											
Full Name (Last name first if	Full Name (Last name first, if individual)										
Trident Capital Fu		filiated entities									
Business or Residence Address											
505 Hamilton Aven		o Alto, CA 94301									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
John R. Ellis and K	aryn L. Hunt, Hi	asband and wife as comm	unity property								
Business or Residence Address 126 LaHonda Road	•										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if Jang, Dennis	individual)			. <u> </u>	<u> </u>						
Business or Residence Address		eet, City, State, Zip Code) uite 300, Redwood City, C									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)	-								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter .	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Address	Business or Residence Address (Number and Street, City, State, Zip Code)										
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)											

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					<u> </u>	B. INFOR	MATION A	ABOUT O	FFERING					
							•••	_		0			Yes	No ⊠
1.	Has tl	he issuer s	old, or doe	es the issue							***************************************	•••••	П	M
_									ing under U			¢NI/A		
2.	What	is the mir	יתו משמוו	estment th	iat will be	accepted ir	om any ind	iviquai?				\$14/A		
										Yes	No ⊠			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If										y, any			
	a pers	son to be List the i	listed is ar name of th	i associate ie broker (	ed person o or dealer.	or agent of If more th	a broker or ian five (5)	dealer regi	stered with be listed ar	the SEC and	d/or with a s persons of	tate or		
Full 1	Name	(Last nar	ne first, if	indiviđual	)		<u></u>					<u></u> -	'	
Busin	ness c	or Residen	ce Addres	s (Numbei	and Stree	t, City, Sta	te, Zip Cod	e)	<u> </u>	<u></u>			-	<u>-</u>
											_			
Nam	e of A	Associated	Broker or	Dealer										
State	s in V	Vhich Pen	son Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	ers						
(C	heck	"All State	s" or check	k individu	al States)						·····		∐ A	II States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[10	)]
[][	.]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	0]
[M	T]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA	
[ R	1)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PI	₹]
Full	Name	e (Last nai	ne first, if	individual	)							·		
Busi	ness (	or Residen	ce Addres	s (Numbe	r and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	Associated	Broker or	Dealer		·								
State	es in \	Which Per	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	ers			<del></del>			
(C	heck	"All State	s" or chec	k individu	al States).					***************************************	***************************************		□ A	II States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[11]	)]
[1]	_}	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	0]
[M	<b>T</b> ]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	{ P .	A }
[ R	[]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[P]	R ]
Full	Name	e (Last na	me first, if	individua	1)									
Busi	ness	or Resider	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)						
Nam	ne of A	Associated	l Broker o	r Dealer			<del></del>							•
State	es in V	Which Per	son Listed	Has Solic	ited or Int	ends to So	icit Purchas	sers		<del>-</del> .				
											·····		□ A	Il States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[[[	)]
[1]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	0]
[M	<b>T</b> ]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P	A ]
[ R	1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P	R ]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		ggregate ffering Price		An	nount Already Sold
	Debt	\$	(	0	\$	(
	Equity	\$	15,000,000.4	0	<u> </u>	15,000,000.40
	☐ Common ☐ Preferred	-		_		<u> </u>
	Convertible Securities (including warrants)	\$	40,234.0	0	\$	40,234.00
	Partnership Interests	\$		0	\$	(
	Other (Specify)	\$		0	<b>\$</b>	
	Total	\$	15,040,234.4	0	\$	15,040,234.40
	Answer also in Appendix, Column 3, if filing under ULOE.	-		<u> </u>	`-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				A	ggregate
			Number Investors		Dol	lar Amount Purchases
	Accredited Investors		11		\$	15,040,234.40
	Non-accredited Investors		0		<u>\$</u>	0
	Total (for filings under Rule 504 only)				<u>\$</u>	
	Answer also in Appendix, Column 4, if filing under ULOE.	_				•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering		Type of Security		Dol	lar Amount Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504				<u>\$</u>	
	Total				\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees		[	]	\$	
	Printing and Engraving Costs		[	3	<u> </u>	-
	Legal Fees		[2	3	\$To	be determined
	Accounting Fees		[		<b>s</b>	
	Engineering Fees				\$	. <u>.</u>
	Sales Commissions (specify finder's fees separately)			_	\$	
	Other Expenses (identify)		_	_	<u>s</u>	·
	Total			_ 지	\$To	be determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AT	ND USE OF PROCEED	S			
	b. Enter the difference between the aggression I and total expenses furnished in res "adjusted gross proceeds to the issuer."	gregate offering price given in response ponse to Part C - Question 4.a. This difference	e is the	s	15,040,234.40		
5.	Indicate below the amount of the adjusted gro for each of the purposes shown. If the amou and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	nt for any purpose is not known, furnish an ese. The total of the payments listed must equ	stimate				
			Payments to Officers, Directors, & Affiliates	P	ayments To Others		
	Salaries and fees		□ \$	□ \$_			
	Purchase of real estate						
	Purchase, rental or leasing and installation	n of machinery and equipment	□ \$	□ \$			
	Construction or leasing of plant building	s and facilities	□ \$	□ \$			
•	Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this r the assets or securities of another	□ s	□ <b>s</b> _			
	Repayment of indebtedness		□ \$	□ s_			
	Working capital		□ <b>\$</b>	⊠ \$_	15,040,234.40		
	Other (specify):						
			<b></b>	<b>□</b> \$_			
			□ \$	<b>⊠</b> \$_	15,040,234.40		
	Total Payments Listed (column totals ad	ded)	<b>⊠</b> \$ 15,040,23	34.40			
		D. FEDERAL SIGNATURE	_				
æ			- 16 41 ' 4' - ' - 6'1.	J J	D.1- 505 AL-		
fol	e issuer has duly caused this notice to be signowing signature constitutes an undertaking by staff, the information furnished by the issuer to	the issuer to furnish to the U.S. Securities and	Exchange Commission,	upon wri	iten request of		
Iss	uer (Print or Type)	Signature	Date				
Tu	rn Inc.	Doubreur	August 27, 200	8			
Na	me of Signer (Print or Type)	Title of Signer (Print or Title)					
De	nnis Jang	Chief Financial Officer					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)